

CHAPTER FOUR: HEALTH AND MEDICAL SUPERVISION

Health and Medical Supervision	Sleep Supervision Policy and Procedure
Approved Date: September 1, 2016 Updated: December 20, 2017 Revised: March 2021	Policy Number: 4.14

Policy

As mandated by the Child Care and Early Years Act 2014, the children enrolled in the Infant, Toddler and Preschool program at North Hasting Children Services have a rest time or nap after lunch each day and/or based on each child's individual needs.

Upon enrollment, parents are consulted regarding their child's sleeping patterns, concerns and preferences and are encouraged to inform staff of any techniques or comfort items used to help ease the transition to sleep (e.g. specific stuffie; blanket; cuddles). Parents are encouraged to communicate to the staff either through daily conversations and/or telephone calls. Parents will be consulted respecting a child's sleeping arrangements at any other appropriate time, such as at transitions between programs or upon a parent's request. The observance of any significant changes in a child's sleeping patterns or behaviours during sleep will be communicated to parents and will result in adjustments to the manner in which the child is supervised during sleep and recorded in the Sleep Log.

For infants, the current recommendation set out in the Joint Statement is that children up to their first birthday be placed on their backs for sleep. This has been Health Canada's recommendation since 1993, as a means to reduce the risk of Sudden Infant Death Syndrome (SIDS). It is important to note that the Joint Statement sets out that once infants are able to roll from their backs to their stomachs or sides, it is not necessary to reposition them onto their backs. The requirement for an infant sleep position may only be waived if a medical doctor/physician recommends differently in writing.

In the infant, toddler and preschool room, the child's individual and labeled cots/mats are placed in regular spots around the room, according to the bed placement plan. Staff will assist the children by gently rubbing or patting backs, and also light lullaby music is played. The room is also darkened by turning off the lights and the blinds being pulled down, but provide sufficient lighting that staff can complete frequent checks on the sleeping children, as well as use this is time to complete some of their required paperwork.

Bottles should never be propped against something or left in a child's mouth when they are falling asleep or asleep.

Infants (aged 0-12 months)

1.0 Joint Statement on Safe Sleep

Ontario Regulation 137/15 33.1(1) Every licensee shall ensure that a child who is younger than 12 months who receives child care at a child care centre it operates is placed for sleep in a manner consistent with the recommendations set out in the document entitled “Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada”, published by the Public Health Agency of Canada, as amended from time to time, unless the child’s physician recommends otherwise in writing.

- (a) The current recommendation set out in the Joint Statement is that children up to their first birthday be placed on their backs for sleep. Once infants are able to roll from their backs to their stomachs or sides, it is not necessary to reposition them onto their backs.
- (b) Other than a firm mattress and a fitted sheet, there should not be any extra items such as pillows, duvets, blankets and bumper pads in the crib, cradle or bassinet to reduce the risk of suffocation.
- (c) Infants are safest when placed to sleep in fitted one-piece sleepwear that is comfortable at room temperature to reduce the risk of overheating and minimize the use of blankets. If a blanket is used, only a thin blanket of breathable fabric should be used.
- (d) Strollers, swings, bouncers and car seats are not intended for infant sleep. An infant’s head, when sleeping in a seated position, can fall forward and cause their airway to become constricted. Once an infant falls asleep, the child should be moved as soon as possible or as soon as the destination is reached to the sleep equipment required under the regulation.

2.0 Procedure

- (a) Parent Sleep Consultation notes and requests will be kept in the Sleep Log. Staff, Volunteers and Students must review these notes before sleep time each day.
- (b) When there are infants sleeping in the sleep room the light over the door to the entrance must be turned on and their name and the time be written on the board outside of the sleep room.
- (c) Staff must periodically perform a direct visual check of each sleeping child by physically going over to the child while the child is sleeping every 15 minutes and look for indicators of distress or unusual behaviours. (e.g. change in skin colour, change in breathing, signs of overheating)
Or Staff must perform direct visual checks of each sleeping child by being physically present beside the child while the child is sleeping.

- (d) For an infant or toddler age group, and children younger than 24 months in a family age group, all sleeping children will have a direct visual check conducted and documented after ½ hour of sleep time and 1 hour after that, or more often if needed, and recorded in the Daily Log. E.g. At 12:30 pm 4 out of 6 children were sleeping, at 1:30 pm 1 out of 6 children were sleeping. Documentation of the visual checks for these age groups must be recorded in the in the Sleep Log.

Toddlers and Preschool Children

As the child gets older and grows out of their nap, children are encouraged to rest on the beds, even just for a little while, to give their growing bodies a chance to recharge. At this time, children are provided with books or quiet activities to be used on their beds. After duration of about forty-five minutes, children who are awake are invited to wake up and play with quiet activities on the tables.

Children are never to be deprived of their bedding including pillows and/or blanket.

Procedure

- a) Parent Sleep Consultation notes and requests will be kept in the Sleep Log. Staff, Volunteers and Students must review these notes before sleep time each day.
- b) Toddler and preschool rest periods are observed to be no longer than two hours in length.
- c) Programs should take into consideration instructions given from parents regarding their children's sleep and rest period. These instructions should be followed as closely as possible but the licensee also needs to take into consideration the need of the individual child. For example if a parent has provided instructions for the child to not sleep during the day but the child is falling asleep at the table, the licensee should provide a rest period for this child. The licensee can explain to the parents' that the child required a nap that day because the child was unable to stay awake.
- d) Staff must periodically perform a direct visual check of each sleeping child by physically going over to the child while the child is sleeping and look for indicators of distress or unusual behaviours. (e.g. change in skin colour, change in breathing, signs of overheating)
- e) For an infant or toddler age group, and children younger than 24 months in a family age group, all sleeping children will have a direct visual check conducted and documented after ½ hour of sleep time and 1 hour after that, or more often if needed, and recorded in the Daily Log. E.g. At 12:30 pm 8 out of 15 children were sleeping, at 1:30 pm 5 out of 15 children were sleeping. Documentation for these groups must be recorded in the Sleep Log.

School Age Children

If School Age children nap during program the staff must periodically perform a direct visual check of the child by physically going over to the child while the child is sleeping and look for indicators of distress or unusual behaviours. (e.g. change in skin colour, change in breathing, signs of overheating)

Documentation of the nap and visual checks must be recorded at 15 minutes into the nap and another 15 minutes after that in the in the Daily Log. E.g. J.A. napped from 1:30 to 2:05 pm and was checked at 1:45pm and at 2:00pm.

The Coordinator shall ensure that these policies and procedures are reviewed as follows at the child care centre:

1. With employees, before they begin their employment.
2. With volunteers or students who will be interacting with children at the child care centre, before they begin to volunteer or before they begin their educational placement.
3. With each person described in paragraph 1 or 2, at least annually after the first review and at any other time when changes are made to the policy or a procedure.